PART B—ISSUE FEE TRANSMITTAL

ees. to:

omplete and mail this form, together with appin

Box ISSUE FEE Assistant Commissioner for Patent Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CLASS-SUBCLASS

369-013.000

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

MARTIN J SPIVAK OBLON SPIVAK MCCLELLAND MAIER & NEUSTADT 1755 JEFFERSON DAVIS HWY 4TH ARLINGTON VA 22202

ATTY'S DOCKET NO.

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

FEE DUE

\$1210.00

1 9 1999 of	SAPER TO DE EXPEDEN	(Depositor's name)
oci i s		(Signature)
TRADEMARK		(Date)

				9 IRANE				(Bato)
APPLIC	ATION NO.	FILING DATE	TOTAL CLA	MMS	EXAMINER AND GI	ROUP ART U	NIT .	DATE MAILED
				-				
09	7063,391	04/21/98	021	DINH, T			2752	08/12/99
First Named Applicant	KATSURAGAN	VA. Tadao	35	USC 154(b)	term ext	_ ==	0 Davs	Š a
					•			•

APPLN. TYPE

UTILITY

TITLE OF INVENTION MAGNETO-OPTIC/AL RECORDING MEDIUM HAVING A PLURALITY THIN LAYERS (AS AMENDED)

W95

BATCH NO.

Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, atternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 OBLON, SPIVAK, 2 MCCLELLAND, MAIER 3 & NEUSTADT, P.C.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear o Inclusion of assignee data is only appropriate when an assignment has been previously the PTO or is being submitted under separate cover. Completion of this form is NOT a filing an assignment. (A) NAME OF ASSIGNEE	on the patent. of Patents and Trademarks):				
Ricoh Company, Ltd. (B) RESIDENCE: (CITY & STATE OR COUNTRY) Tokyo, JAPAN	4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 15-0030 (ENCLOSE AN EXTRA COPY OF THIS FORM)				
Please check the appropriate assignee category indicated below (will not be printed on individual Scorporation or other private group entity Government	the patent)				
The COMMISSIONER OF PATENTS AND					

(Authorized Signature)

NOTE: The Issue Fee will not be a refitted from anyone afther than the applicant; a registered of agent; or the assignee or other party in interest as shown by the records of the Patent and ted from anyone ather than the applicant; a registered attorney Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

10/20/1999 RHOHAMM1 00000022 09063391

01 FC:142

SMALL ENTITY

MO

1210.00 OP

DATE DUE

11/12/99

RECEIVED

OCT 2 6 1999

Publishing Division

08

TRANSMIT THIS FORM WITH FEE

Patents, Washington D.C. 20231

PART B-ISSUE FEE TRANSMITTAL

Complete and mail this form, together with appli

.ees, to:

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231

Patents

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. **Certificate of Mailing** CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below. MARTIN J SPIVAK OBLON SPIVAK MCCLELLAND MATER & NEUSTADT (Depositor's name) 1755 JEFFERSON DAVIS HWY (Signature) ARLINGTON VA 22202 (Date) APPLICATION NO. **FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT** DATE MAILED 09/063,391 04/21/98 021 DINH, I STEEL 00/12/99 First Named Applicant KATSURAGAWA 35 USC 154(b) term ext. TLE OF VENTION MAGNETO-OPTIC AL RECORDING MEDIUM HAVING A PLURALITY OF FERROMAGNEUTIC THIN LAYERS (AS AMENDED) ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE 369-013.000 0557-4357-2 W95 UTILITY \$1210.00 11/12/99 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent 1 OBLON, SPIVAK, attorneys or agents OR, alternatively, (2) the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. member a registered attorney or agent) 2 McCLELLAND, MAIER and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no 3 & NEUSTADT, P.C. name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. ☐ Advance Order - # of Copies (A) NAME OF ASSIGNEE Ricoh Company, Ltd. 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) DEPOSIT ACCOUNT NUMBER_ <u>15-0030</u> Tokyo, JAPAN (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) ⊠ corporation or other private group entity ☐ government Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRACEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date) NOTE: The Issue Feerwill not be accepted from anyone other than the applicant; a registered or agent; or the assignee or other party in interest as shown by the records of the Patent and eoted from anyone other than the applicant; a redistered attorney Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.